

EXHIBIT J

Delaware Psychiatric Center
Seclusion or Restraint
Nursing Assessment

LEWIS, JIMMY

12/25

UNK M AF U
RK NJ 07112
HOTH AREA 5
05/21/2004

TIME INTERVENTION BEGAN: 1:00 am/pm

MELBA JFAN LEWIS

☐ SECLUSION ☒ 4 POINT RESTRAINTS ☐ DISCIPLINARY RESTRAINTS ☐ OTHER:

Patient's name: For professional use by authorized persons only -- not to be duplicated M. Lebow Date: 6/24/04

PATIENT BEHAVIOR LEADING TO INTERVENTION: (CHECK all specific behaviors that apply)

- | | | | |
|---|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> Threatening harm | <input type="checkbox"/> Destruction of property | <input type="checkbox"/> Biting | <input type="checkbox"/> Hair pulling |
| <input type="checkbox"/> Imminent risk of harm to:
<input type="checkbox"/> self <input type="checkbox"/> patients <input checked="" type="checkbox"/> staff | <input type="checkbox"/> Unprovoked aggression
i.e., striking out without warning | <input type="checkbox"/> Hitting | <input type="checkbox"/> Spitting |
| specify: _____ | <input type="checkbox"/> Self-injurious behaviors | <input type="checkbox"/> Kicking | <input type="checkbox"/> Throwing objects |
| | specify: _____ | <input type="checkbox"/> Shoving | <input type="checkbox"/> Fire-setting |
| | | <input type="checkbox"/> Scratching | <input type="checkbox"/> Other: _____ |

☒ **EMERGENCY SITUATION** (less restrictive alternatives were not able to be attempted due to rapid escalation of immediately dangerous behavior) Explain: Pt began throwing trays without warning

OR

LESS RESTRICTIVE ALTERNATIVES UTILIZED: (CHECK all that were attempted relative to this immediate event)

- | | | |
|---|--|--|
| <input type="checkbox"/> Talked with the patient | <input type="checkbox"/> Set limits with the patient | <input type="checkbox"/> One-to-one observation |
| <input type="checkbox"/> Addressed patient's need | <input type="checkbox"/> Redirected the patient verbally | <input type="checkbox"/> Offered PRN medications |
| <input type="checkbox"/> Used techniques suggested by the patient
as noted in the Advance Directive query form | <input type="checkbox"/> Separated the patient from the area | <input type="checkbox"/> Involuntary administration of medication: _____ |
| specify: _____ | <input type="checkbox"/> Verbal contract for safety | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Voluntary quiet room/time out | |

Physiological or psychological risk factors (Determine by reviewing H&P, Psychiatric Assessment):

- ☐ Pre-existing medical conditions ☐ Physical disabilities ☐ Hx of sexual abuse ☐ Hx of physical abuse ☒ None

Physician who gave verbal order: Cocchella
Physician was notified of risk factors by: Corrigan C Rnm.

Patient checked for dangerous objects (i.e., belts, sharps, shoes, matches, jewelry, money, etc.):

List of objects removed (exact amt. of money): Money (14.80) IN MED CAB

Removed by: Shoes / Wilson Muey Location stored: Shoes room / Muey (MED room)

BEHAVIORAL EXPECTATION FOR TERMINATION OF INTERVENTION (Copy onto S/R Record form):

- ☒ 1. Resting quietly, either sitting or lying down for 45 minutes (specify - example 5, 10, 15 etc.)
☒ 2. Patient is able to discuss/interact with staff in a calm manner.
☒ 3. Patient is calm and able to verbalize a desire for intervention to be discontinued.
☒ 4. Patient is calm and able to verbalize an understanding of behavior that led to intervention
☒ 5. Patient is calm and able to contract for safety.

Patient was informed of behavioral expectation for discontinuation of intervention by: Curtis Corrigan Rnm.

Licensed Nursing Staff: Curtis L. Corrigan Rnm.
(Signature and title of individual who initiated intervention)

FAMILY NOTIFICATION

Name of family member: Pt refused family notification Date: 6/24/04

Name/title of staff person: _____ Time: _____ am/pm

DATE/TIME INTERVENTION ENDED: 6/24/04 17:00 am/pm TOTAL TIME: 4 hrs 0 min.

Patient was debriefed by: Curtis L. Corrigan If no, explain: _____

Licensed Nursing Staff: Curtis L. Corrigan Rnm.
(Signature and title of individual who discontinued intervention)

Unit Nursing Supervisor/Unit Director: Curtis L. Corrigan Date: 6/24/04 Time: 17:00 am/pm

(Signature indicates the above information has been reviewed and is accurate and complete)

Revised 8/27/02

00120

A-68

CONFIDENTIAL INFORMATIONPATIENT'S NAME: Jimmy LewisSECLUSION/RESTRAINT RECORD
MEDICAL RECORD # authorized
Person only - not to be duplicatedDATE: 6/24/04

Document behavioral criteria required for discontinuation (per S/R Nursing Assessment)

1=Yelling/cursing 3=Struggling/pulling on restraints
2=Verbal threats 4=Pacing

Time Q 15	Be- havior	Patient is Free of Injury	Vital Signs (list actual readings)	Toileting accepted by patient	Hy- giene (clean)	Hydration/ Nutrition Offered	Status/Com- fort (are within normal limits for S/R)	Discon- tinuation Criteria met	Initi.	COMMENTS *Explain any "N" that was noted that has an asterisk. Explain what action was taken (injury, hygiene, status/comfort, skin integrity, circulation, or range of motion) or why the assessment could not be completed (vital signs).	To be completed & Initialed by the RN/LPN Q 15 - while patient is in restraints				Initi. of RN or LPN
											Skin Integ. WNL (Y) yes (N) no	Circu- lation WNL (Y) yes (N) no	ROM WNL (Y) yes (N) no	13=Talking with staff 14=Other (Specify)	
100	2	Y	N	N	Y	Y	Y	N	C	pt very unresponsive	Y	Y	Y	Y	C
15	5	Y	N	N	Y	Y	Y	N	SW	pt very agitated	Y	Y	Y	Y	SW
20	5	Y	N	N	Y	Y	Y	N	SW	refusing v/s	Y	Y	Y	Y	SW
45	5	Y	N	N	Y	Y	Y	N	SW	pt agitated refusing v/s	Y	Y	Y	Y	SW
Licensed Nurse's Hourly Assessment for patient in seclusion and restraint (documented and Initialed in line below)															
20	5	Y	120/70-18	Y	Y	Y	Y	N	SW	pt was offered urinal	Y	Y	Y	Y	SW
Licensed Nurse's Comments: pt. is not contracting for safety.															
215	5/13	Y	120/80 90-72-10	N	Y	Y	Y	N	SW	pt talking 2 staff now, but still not contracting for safety	Y	Y	Y	Y	SW
30	5	Y	130/78 90-54-10	N	Y	Y	Y	N	SW	pt laying in bed quietly	Y	Y	Y	Y	SW
45	5	Y	N	N	Y	Y	Y	N	SW	pt refused v/s	Y	Y	Y	Y	SW
Licensed Nurse's Hourly Assessment for patient in seclusion and restraint (documented and Initialed in line below)															
30	5	Y	120/70	N	Y	Y	Y	N	SW	pt talking 2 staff	Y	Y	Y	Y	SW
Licensed Nurse's Comments: pt. not contracting for safety															
Initials	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
SW	Longfellow														

Unit Nursing Supervisor/Unit Director:

Paul C

Date:

6/24/04Time: 17:00 am/pm

(Note: Signature indicates the above information has been reviewed and is accurate and complete)

Revised 8/27/02

00161

A-69

Delaware Psychiat. enter
 Seclusion or Restraint
 Nursing Assessment

LEWIS, JIMMY 12/25/
 4 NK M AF U
 4 NJ 07112
 MFIRA JEAN LEWIS MOTH AREA 5
 05/21/2004

CONFIDENTIAL

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 persons only -- not to be duplicated

TIME INTERVENTION BEGAN: 20:30 am/pm

☒ SECLUSION ☐ 4 POINT RESTRAINTS ☐ 5 POINT RESTRAINTS ☐ OTHER:

Patient's name: Jimmy Lewis Unit: Mitchell Date: 6/21/04

PATIENT BEHAVIOR LEADING TO INTERVENTION: (CHECK all specific behaviors that apply)

☐ Threatening harm ☐ Destruction of property ☐ Biting ☐ Hair pulling
☒ Imminent risk of harm to:
☐ self ☐ patients ☒ staff ☐ Unprovoked aggression ☒ Hitting ☐ Spitting
 i.e., striking out without warning ☐ Kicking ☐ Throwing objects
 specify: lost privileges - stated he was going to punch someone ☐ Self-injurious behaviors ☐ Shoving ☐ Fire-setting
☐ Scratching ☐ Other:

☒ **EMERGENCY SITUATION** (less restrictive alternatives were not able to be attempted due to rapid escalation of immediately dangerous behavior) Explain: attached per's provocation

OR

LESS RESTRICTIVE ALTERNATIVES UTILIZED: (CHECK all that were attempted relative to this immediate event)

☐ Talked with the patient ☐ Set limits with the patient ☐ One-to-one observation
☐ Addressed patient's need ☐ Redirected the patient verbally ☐ Offered PRN medications
☐ Used techniques suggested by the patient ☐ Separated the patient from the area ☐ Involuntary administration of medication:
 as noted in the Advance Directive query form ☐ Verbal contract for safety ☐ Other:
 specify: ☐ Voluntary quiet room/time out

Physiological or psychological risk factors (Determine by reviewing H&P, Psychiatric Assessment):

☐ Pre-existing medical conditions ☐ Physical disabilities ☐ Hx of sexual abuse ☐ Hx of physical abuse ☒ None
 specify:

Physician who gave verbal order: Dr. Beribba

Physician was notified of risk factors by: Helen Harlow RN

Patient checked for dangerous objects (i.e., belts, sharps, shoes, matches, jewelry, money, etc.): (48.75)

List of objects removed (exact amt. of money): money - papers in envelope & counting - locked in med rm.

Removed by: James Daniels Location stored: shoes in pt's rm

BEHAVIORAL EXPECTATION FOR TERMINATION OF INTERVENTION (Copy onto S/R Record form):

- ☒ 1. Resting quietly, either sitting or lying down for 45 minutes (specify - example 5, 10, 15 etc.)
☒ 2. Patient is able to discuss/interact with staff in a calm manner.
☒ 3. Patient is calm and able to verbalize a desire for intervention to be discontinued.
☒ 4. Patient is calm and able to verbalize an understanding of behavior that led to intervention
☒ 5. Patient is calm and able to contract for safety.

Patient was informed of behavioral expectation for discontinuation of intervention by: Helen Harlow RN

Licensed Nursing Staff: Helen Harlow RN

(Signature and title of individual who initiated intervention)

FAMILY NOTIFICATION

Refused to answer - NO

Name of family member: _____ Date: _____

Name/title of staff person: _____ Time: _____ am/pm

DATE/TIME INTERVENTION ENDED: 6/22/04 11:00 am/pm TOTAL TIME: 2 hrs - 00 min. seclusion ended at 4 pts restraint

Patient was debriefed by: Marian Jones If no, explain: 4 pt restraints initiated

Licensed Nursing Staff: Helen Harlow RN

(Signature and title of individual who discontinued intervention)

Unit Nursing Supervisor/Unit Director: Patricia A. O'Donoghue Date: 6/22/04 Time: 18:00 am/pm

(Signature indicates the above information has been reviewed and is accurate and complete)

Revised 8/27/02

00162

A-70

CONFIDENTIAL INFORMATION

For professional use by authorized
SECLUSION OR RESTRAINT RECORD
MEDICAL RECORD # 21.04PATIENT'S NAME: Timmie Lewis

Document behavioral criteria required for discontinuation (per S/R Nursing Assessment sheet):

1=Yelling/cursing 3=Struggling/pulling on restraints
2=Verbal threats 4=Pacing

Time Q 15	Be- havior	Patient Is Free of Injury	Vital Signs (list actual readings)	Toileting accepted by patient	Hy- giene (clean)	Hydration/ Nutrition Offered	Status/Com- fort (are within normal limits for S/R)	Discon- tinuation Criteria met	Init.	COMMENTS	To be completed & initiated by the RN/LPN Q15 while patient is in restraints				Init. of RN or LPN	
											Skin Integ. (Y) yes (N) no	Circu- lation WNL (Y) yes (N) no	ROM WNL (Y) yes (N) no	11=Refusing to talk to staff 12=Resting/quiet 13=Talking with staff 14=Other (Specify)		
8:30 PM	4	Y	N	N	Y	Y	Y	N	HB	PT IS PACING AROUND THE ROOM						
9:45	4	Y	2	2	Y	Y	Y	N	HB	PT CONTINUES TO PACE						
10:00	4	Y	2	2	Y	Y	Y	N	HB	PT STILL CONTINUES TO PACE AROUND ROOM						
1:15	8	Y	Y	2	Y	Y	Y	N	HB	148/80 97 92 22 PT SITTING IN CORNER OF ROOM						
Licensed Nurse's Hourly Assessment for patient in seclusion and restraint (documented and initiated in line below)																
9:30 PM	4	Y	Y	N	Y	N	Y	N	HB	PT PACING - REFUSING TO ACCEPTED FOR DISCONTINUATION						
Licensed Nurse's Comments: <u>PT had stated that he was planning on punching someone out so his restraint was renewed today & extended. There was attached MNR. 3 provocations.</u>																
9:45	4/10	Y	N	N	Y	Y	Y	N	HB	PT REMAINS PACING ROOM AND REFUSING TO LEAVE						
10:00	4	Y	N	N	Y	Y	Y	N	HB	PT REMAINS PACING ROOM & STANDING AT DOOR						
1:15	4	Y	N	Y	Y	Y	Y	N	HB	PT CONTINUES TO PACE & KNOCKING ON DOOR.						
censed Nurse's Hourly Assessment for patient in seclusion and restraint (documented and initiated in line below)																
10:30	12	Y	N	Y	Y	Y	Y	N	HB	PT GOING QUIETLY OUTSIDE						
Licensed Nurse's Comments: <u>3 brot 400 came to assess if pt will continue for safety.</u>																
Initials	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature							
HB	Honda Banks	D	Honda Banks	HB	Honda Banks	HB	Honda Banks	HB	Honda Banks							

Unit Nursing Supervisor/Unit Director: Rita L. Carson

(Note: Signature indicates the above information has been reviewed and is accurate and complete)

Date: 4/22/08Time: 1:15 am/pm

Revised 8/27/02

00164

A-71

SECLUSION OR RESTRAINT RECORD
MEDICAL RECORD #PATIENT'S NAME: J. LEWISDATE: 6/22/04

Document behavioral criteria required for discontinuation (per S/R Nursing Assessment sheet):

1=Yelling/cursing 3=Struggling/pulling on restraints
2=Verbal threats 4=Pacing

Time 0-15	Be- havior See codes above	Patient Is Free of Injury (Y) yes (N) no	Vital Signs (list actual readings) (N) no obtainable	Toileting accepted by patient (Y) yes (N) no	Hy- giene (clean) (Y) yes (N) no	Hydration/ Nutrition Offered (Y) yes (N) no	Status/Com- fort (are within normal limits for S/R) (Y) yes (N) no	Discon- tinuation Criteria met (Y) yes (N) no	Init.	COMMENTS *Explain any "N" that was noted that has an asterisk. Explain what action was taken (injury, hygiene, status/comfort, skin integrity, circulation, or range of motion) or why the assessment could not be completed (vital signs).	To be completed & initiated by the RN/PLN Q15 while patient is in restraints				Init. of RN or LPN
											Skin Integ. WNL (Y) yes (N) no	Circu- lation WNL (Y) yes (N) no	ROM WNL (Y) yes (N) no	13=Talking with staff 14=Other (Specify)	
3:00 pm	5	Y	N	N	Y	N	Y	Y		Refused vs. total LA & leg restraints removed no restraints Died at 3:00 Calm & content Good safety at present	Y	Y	Y	Y	
Licensed Nurse's Hourly Assessment for patient in seclusion and restraint (documented and initiated in line below)															
Licensed Nurse's Comments:															
CONFIDENTIAL INFORMATION for professional use by authorized persons only. -- not to be duplicated or released in any manner.															
Licensed Nurse's Hourly Assessment for patient in seclusion and restraint (documented and initiated in line below)															
Licensed Nurse's Comments:															

Initials	Signature	Initial	Signature	Initials	Signature	Initials	Signature
RA	RA Lewis	ms	ms				

Unit Nursing Supervisor/Unit Director:

Charles D. C/23/04

Date:

6/28/04

Time:

17:00 am/pm

Revised 8/27/02

IFWIS, JIMMY
12/25/
UNK M AF
RK NJ 07112
MELBA JEAN LEWIS MOTH AREA 5
05/21/2004

SECTION OR RESTRAINT RECORD
FOR MEDICAL RECORD # authorized

PATIENT'S NAME: Jimmy Lewis

Document behavioral criteria required for discontinuation (per S/R Nursing Assessment sheet):

1= Yelling/cursing 3= Struggling/pulling on restraints 6= Lying on bed 7= Lying on floor 8= Sitting on floor 9= Banging/kicking door/wall/bed 11= Refusing to talk to staff 13= Talking with staff
2= Verbal threats 4= Pacing 5= Lying on floor 6= Lying on bed 7= Lying on floor 8= Sitting on floor 9= Banging/kicking door/wall/bed 10= Standing at door 12= Resting/quiet 14= Other (Specify)

Time 015	Be- havior	Patient Is Free of Injury	Vital Signs (list actual readings)	Toileting accepted by patient	Hy- giene (clean)	Hydration/ Nutrition Offered	Status/Com- fort (are within normal limits for S/R)	Discon- tinuation Criteria met	Init.	COMMENTS *Explain any "N" that was noted that has an asterisk. Explain what action was taken (injury, hygiene, status/comfort, skin integrity, circulation, or range of motion) or why the assessment could not be completed (vital signs).	To be completed & initiated by the RN/LPN 015 while patient is in restraints	Int. RN or LPN
300	5	1	2	2	1	1	1	1	2	pt refused v/s	Y	Y
15	5	1	2	2	1	1	1	1	2	pt refused v/s	Y	Y
30	3, 5	1	2	2	1	1	1	1	2	pt. refused v/s	Y	Y
45	5, 15	1	2 97.4, 104 19, 150/104	1	1	1	1	1	2	Pt v/s taken	Y	Y
Licensed Nurse's Hourly Assessment for patient in seclusion and restraint (documented and Initialed in line below)												
400	5	1	2	1	1	1	1	1	2	pt v/s taken	Y	Y
Licensed Nurse's Comments: Unable to contact for safety for others												
15	5	1	2	1	1	1	1	1	2	pt v/s taken	Y	Y
30	5	1	2	1	1	1	1	1	2	Restraint	Y	Y
45	5	1	2	1	1	1	1	1	2	Restraint Left Arm removed	Y	Y
Licensed Nurse's Hourly Assessment for patient in seclusion and restraint (documented and Initialed in line below)												
1700	5	1	2	1	1	1	1	1	2	pt v/s taken	Y	Y
Licensed Nurse's Comments: 12-18 Pt arm & Carina base into restraint for safety of others												

Initials	Signature	Initial	Signature	Initials	Signature	Initials	Signature
df	<i>Debra Pettigrew</i>	df	<i>Debra Pettigrew</i>	df	<i>Debra Pettigrew</i>	df	<i>Debra Pettigrew</i>
Unit Nursing Supervisor/Unit Director: <i>Debra Pettigrew</i>							
(Note: Signature indicates the above information has been reviewed and is accurate and complete)							

Date: 5/21/04 Time: 1700 am/pm

Revised 8/27/02

Delaware Psychiatric Center

Seclusion/Restraint Patient Feedback

(Completed during debriefing of patient after the event by Licensed Nurse or Tx Team member within 24 hrs)
 (Original is attached to S/R paperwork and filed in patient's medical record;
 Copy is forwarded to Quality Administrator - Performance Improvement Department; fax 4256)

Patient's Name: Lewis JimmyType of Intervention: ☐ Seclusion ☒ RestraintDate of Intervention: 6/24/04Time intervention began: 1:00 am/pmTime intervention ended: 17:00 am/pmUnit: M. 1201Date of Interview: 6/24/04Time of interview: 17:00 am/pmInterviewed by: Conrad, Curtis1. Why you were secluded/restrained? I was agitated2. Were you given a chance to gain control of yourself before you were secluded or restrained? ☒ Yes ☐ No

3. If yes, what did staff do for you:

☐ Individual attention☐ Used calming interventions

previously suggested by you:

☐ Explained that seclusion may have to be used☐ Contacted family/significant other☐ Talked with you☐ Addressed your need:☐ Suggested time out☐ Explained that restraints may have to be used☐ Contacted trusted staff☐ Suggested the Quiet Room☐ Suggested other things you could do:☐ Offered medication☐ Other: _____4. Were your personal dignity and privacy respected while you were being secluded or restrained? ☒ Yes ☐ No5. Did you feel safe while you were secluded/restrained? ☐ Yes ☒ A little ☐ No6. Did being secluded or restrained help you gain control of yourself? ☐ Yes ☒ A little ☐ No7. Did someone explain what you needed to do in order to get out of seclusion or have the restraints removed? ☒ Yes ☐ No8. What could have helped prevent you from being secluded or restrained? wanted for my mail9. Did anything happen during the seclusion/restraint that may have frightened or injured you or made you feel uncomfortable? noStaff interviewer's signature: Curtis ConradDate: 6/24/04

Revised 8/27/02

00167

A-74

LEWIS, JIMMY

12/25

M AF

107112

MOTH AREA 5

05/21/2004

HELBA JEAN LEWIS

Delaware Psychiatric Center
Seclusion or Restraint
Nursing Assessment

LEWIS JIMMY

12/25

K M AF U
NJ 07112MELBA JEAN LEWIS MOH AREA 5
05/21/2004TIME INTERVENTION BEGAN: 11:00 AM

☐ SECLUSION ☒ 4 POINT RESTRAINTS ☐ 5 POINT RESTRAINTS ☐ OTHER: _____

Patient's name: LEWIS, JIMMY Unit: MOH AREA 5 Date: 6/21/04

PATIENT BEHAVIOR LEADING TO INTERVENTION: (CHECK all specific behaviors that apply)

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> Threatening harm | <input type="checkbox"/> Destruction of property | <input type="checkbox"/> Biting | <input type="checkbox"/> Hair pulling |
| <input checked="" type="checkbox"/> Imminent risk of harm to:
<input type="checkbox"/> self <input type="checkbox"/> patients <input checked="" type="checkbox"/> staff | <input type="checkbox"/> Unprovoked aggression
i.e., striking out without warning | <input checked="" type="checkbox"/> Hitting | <input type="checkbox"/> Spitting |
| specify: _____ | <input type="checkbox"/> Self-injurious behaviors | <input type="checkbox"/> Kicking | <input type="checkbox"/> Throwing objects |
| | specify: _____ | <input type="checkbox"/> Shoving | <input type="checkbox"/> Fire-setting |
| | | <input type="checkbox"/> Scratching | <input type="checkbox"/> Other: _____ |

☐ **EMERGENCY SITUATION** (less restrictive alternatives were not able to be attempted due to rapid escalation of immediately dangerous behavior) Explain: At in Seclusion from 6:30 PM to 11 PM

OR

LESS RESTRICTIVE ALTERNATIVES UTILIZED: (CHECK all that were attempted relative to this immediate event)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Talked with the patient | <input type="checkbox"/> Set limits with the patient | <input type="checkbox"/> One-to-one observation |
| <input checked="" type="checkbox"/> Addressed patient's need | <input type="checkbox"/> Redirected the patient verbally | <input type="checkbox"/> Offered PRN medications |
| <input checked="" type="checkbox"/> Used techniques suggested by the patient | <input type="checkbox"/> Separated the patient from the area | <input type="checkbox"/> Involuntary administration of medication: |
| as noted in the Advance Directive query form | <input type="checkbox"/> Verbal contract for safety | <input type="checkbox"/> Other: _____ |
| specify: _____ | <input type="checkbox"/> Voluntary quiet room/time out | |

Physiological or psychological risk factors (Determine by reviewing H&P, Psychiatric Assessment):

- ☐ Pre-existing medical conditions ☐ Physical disabilities ☐ Hx of sexual abuse ☐ Hx of physical abuse ☒ None

Physician who gave verbal order: Dr. Benika

Physician was notified of risk factors by: Madhu Jain

Patient checked for dangerous objects (i.e., belts, sharps, shoes, matches, jewelry, money, etc.):

List of objects removed (exact amt. of money): Shoes \$9.45 are locked in

Removed by: M. Halon and med room Location stored: med room

BEHAVIORAL EXPECTATION FOR TERMINATION OF INTERVENTION (Copy onto S/R Record form):

- ☒ 1. Resting quietly, either sitting or lying down for 30 minutes (specify - example 5, 10, 15 etc.)
- ☒ 2. Patient is able to discuss/interact with staff in a calm manner.
- ☒ 3. Patient is calm and able to verbalize a desire for intervention to be discontinued.
- ☒ 4. Patient is calm and able to verbalize an understanding of behavior that led to intervention
- ☒ 5. Patient is calm and able to contract for safety.

Patient was informed of behavioral expectation for discontinuation of intervention by: Madhu Jain

Licensed Nursing Staff: Madhu Jain

(Signature and title of individual who initiated intervention)

FAMILY NOTIFICATION

Name of family member: At - didn't want to call Date: 6/21/04

Name/title of staff person: family Time: _____ am/pm

DATE/TIME INTERVENTION ENDED: 6/21/04 1 3:00 am/pm TOTAL TIME: 4 hrs 0 min.

Patient was debriefed by: Madhu Jain If no, explain: _____

Licensed Nursing Staff: Madhu Jain

(Signature and title of individual who discontinued intervention)

Unit Nursing Supervisor/Unit Director: Chitra A. Duran Date: 6/22/04 Time: 1:20 am/pm

(Signature indicates the above information has been reviewed and is accurate and complete)

Revised 8/27/02

00168

A-75

PATIENT'S NAME:

Document behavioral criteria required for discontinuation (per S/R Nursing Assessment sheet):

MEDICAL RECORD # _____

DATE: 6/22/04

1=Velling/cursing 3=Struallinn/mull-

Time 015	Verbal threats 4=Pacing	Be- havior	Patient is Free of Injury	Vital Signs (list actual readings)	Toileting accepted by patient	Hy- giene (clean)	Hydration/ Nutrition Offered		Status/Com- fort (are within normal limits for S/R)	Discon- tinuation Criteria met	Init.	COMMENTS *Explain any "N" that was noted that has an asterisk. Explain what action was taken (injury, hygiene, status/comfort, skin integrity, circulation, or range of motion) or why the assessment could not be completed (vital signs).	To be completed & Initialed by the RN/LPN Q15* while patient is in restraints				RN or LPN
							(Y) yes (N) no	(Y) yes (N) no					Skin Integ. (Y) yes (N) no	Circu- lation WNL (Y) yes (N) no	ROM WNL (Y) yes (N) no		
11:55 AM		See codes above	(Y) yes (N) no	(N)* not obtainable	(Y) yes (N) no	(Y) yes (N) no	(Y) yes (N) no	(Y) yes (N) no	(Y) yes (N) no	(Y) yes (N) no							
1:30 PM																	
2:10 PM																	
2:15 PM																	
Licensed Nurse's Hourly Assessment for patient in seclusion and restraint (documented and Initialed in line below)																	
Licensed Nurse's Comments:																	
For professional use by designated personnel only - not to be duplicated or released to others.																	
2:45 PM																	
2:50 PM																	
2:55 PM																	
3:00 PM																	
Licensed Nurse's Hourly Assessment for patient in seclusion and restraint (documented and Initialed in line below)																	
Licensed Nurse's Comments:																	
For professional use by designated personnel only - not to be duplicated or released to others.																	
3:45 PM																	
3:50 PM																	
3:55 PM																	
4:00 PM																	
Licensed Nurse's Hourly Assessment for patient in seclusion and restraint (documented and Initialed in line below)																	
Licensed Nurse's Comments:																	
For professional use by designated personnel only - not to be duplicated or released to others.																	
4:45 PM																	
4:50 PM																	
4:55 PM																	
5:00 PM																	
Licensed Nurse's Hourly Assessment for patient in seclusion and restraint (documented and Initialed in line below)																	
Licensed Nurse's Comments:																	
For professional use by designated personnel only - not to be duplicated or released to others.																	
5:45 PM																	
5:50 PM																	
5:55 PM																	
6:00 PM																	
Licensed Nurse's Hourly Assessment for patient in seclusion and restraint (documented and Initialed in line below)																	
Licensed Nurse's Comments:																	
For professional use by designated personnel only - not to be duplicated or released to others.																	
6:45 PM																	
6:50 PM																	
6:55 PM																	
7:00 PM																	
Licensed Nurse's Hourly Assessment for patient in seclusion and restraint (documented and Initialed in line below)																	
Licensed Nurse's Comments:																	
For professional use by designated personnel only - not to be duplicated or released to others.																	
7:45 PM																	
7:50 PM																	
7:55 PM																	
8:00 PM																	
Licensed Nurse's Hourly Assessment for patient in seclusion and restraint (documented and Initialed in line below)																	
Licensed Nurse's Comments:																	
For professional use by designated personnel only - not to be duplicated or released to others.																	
8:45 PM																	
8:50 PM																	

Revised 8/27/02

Date: 6/24/04 Time: 17:00 am

Revised 8/27/02

Delaware Psychiatric Center
**Seclusion or Restraint
 Nursing Assessment**

LEWIS, JIMMY

12/25

I AF U

NJ 07112

MELBA JEAN LEWIS MOTH AREA 5

05/21/2004

For information use by authorized
 persons only -- not to be duplicated

TIME INTERVENTION BEGAN: 21:00 am/pm

☒ SECLUSION ☐ 4 POINT RESTRAINTS ☐ 5 POINT RESTRAINTS ☐ OTHER

 Patient's name: Jimmy Lewis Unit: Mitchell Date: 6/14/04
PATIENT BEHAVIOR LEADING TO INTERVENTION: (CHECK all specific behaviors that apply)

<input checked="" type="checkbox"/> Threatening harm	<input type="checkbox"/> Destruction of property	<input type="checkbox"/> Biting	<input type="checkbox"/> Hair pulling
<input checked="" type="checkbox"/> Imminent risk of harm to: <input type="checkbox"/> self <input type="checkbox"/> patients <input checked="" type="checkbox"/> staff	<input type="checkbox"/> Unprovoked aggression i.e., striking out without warning	<input checked="" type="checkbox"/> Hitting	<input type="checkbox"/> Spitting
specify: _____	<input type="checkbox"/> Self-injurious behaviors	<input checked="" type="checkbox"/> Kicking	<input type="checkbox"/> Throwing objects
	specify: _____	<input checked="" type="checkbox"/> Shoving	<input type="checkbox"/> Fire-setting
		<input type="checkbox"/> Scratching	<input checked="" type="checkbox"/> Other: <u>elbowing</u>

☒ **EMERGENCY SITUATION** (less restrictive alternatives were not able to be attempted due to rapid escalation of immediately dangerous behavior) Explain: elligerent - per se limits - aggressive
 OR

LESS RESTRICTIVE ALTERNATIVES UTILIZED: (CHECK all that were attempted relative to this immediate event)

<input type="checkbox"/> Talked with the patient	<input type="checkbox"/> Set limits with the patient	<input type="checkbox"/> One-to-one observation
<input type="checkbox"/> Addressed patient's need	<input type="checkbox"/> Redirected the patient verbally	<input type="checkbox"/> Offered PRN medications
<input type="checkbox"/> Used techniques suggested by the patient as noted in the Advance Directive query form	<input type="checkbox"/> Separated the patient from the area	<input type="checkbox"/> Involuntary administration of medication: _____
specify: _____	<input type="checkbox"/> Verbal contract for safety	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Voluntary quiet room/time out	

Physiological or psychological risk factors (Determine by reviewing H&P, Psychiatric Assessment):
☐ Pre-existing medical conditions ☐ Physical disabilities ☐ Hx of sexual abuse ☐ Hx of physical abuse ☒ None
 specify: _____

 Physician who gave verbal order: Dr. Purvis
 Physician was notified of risk factors by: Helen Haxel
Patient checked for dangerous objects (i.e., belts, sharps, shoes, matches, jewelry, money, etc.):

 List of objects removed (exact amt. of money): shoes - money - phone card

 Removed by: Robert Gray NA Location stored: shoes in storm - money, card locked
BEHAVIORAL EXPECTATION FOR TERMINATION OF INTERVENTION (Copy onto S/R Record form):

- ☐ 1. Resting quietly, either sitting or lying down for 30 minutes (specify - example 5, 10, 15 etc.)
☐ 2. Patient is able to discuss/interact with staff in a calm manner.
☐ 3. Patient is calm and able to verbalize a desire for intervention to be discontinued.
☐ 4. Patient is calm and able to verbalize an understanding of behavior that led to intervention
☐ 5. Patient is calm and able to contract for safety.

 Patient was informed of behavioral expectation for discontinuation of intervention by: Helen Haxel

 Licensed Nursing Staff: Helen Haxel RN
 (Signature and title of individual who initiated intervention)

FAMILY NOTIFICATION

 Name of family member: refused family notification Date: _____

 Name/title of staff person: Tanya Wilson RN Time: 11:05 am/pm

 DATE/TIME INTERVENTION ENDED: 6/14/04 11:00 am/pm TOTAL TIME: 2 hrs — min.

 Patient was debriefed by: Tanya Wilson RN (time) If no, explain: _____

 Licensed Nursing Staff: Tanya Wilson RN
 (Signature and title of individual who discontinued intervention)

Unit Nursing Supervisor/Unit Director: _____ Date: _____ Time: _____ am/pm

(Signature indicates the above information has been reviewed and is accurate and complete)

Revised 8/27/02

00172

A-77

Delaware Psychiatric Center

Seclusion/Restraint Patient Feedback

Completed during debriefing of patient after the event by Licensed Nurse or Tx Team member within 24 hrs)
 Original is attached to S/R paperwork and filed in patient's medical record;
 copy is forwarded to Quality Administrator - Performance Improvement Department; fax 4256)

LEWIS, JIM SECLUSION ON RESPIR
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 HELBA JEAN LEWIS ROOM AREA 5
 05/21/2004

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Unit: NitchellDate of Interview: 6/14/04Time of Interview: 4:30 am/pmInterviewed by: Jenny WilsonPatient's Name: Jenny LewisType of Intervention: ☒ Seclusion ☐ RestraintDate of Intervention: 6/14/04Time Intervention began: 8:00 am/pmTime intervention ended: am/pmWhy you were secluded/restrained? Fighting staff & other pts.Were you given a chance to gain control of yourself before you were secluded or restrained? ☒ Yes ☐ No

If yes, what did staff do for you:

☐ Individual attention☐ Used calming interventions☐ Previously suggested by you:specify: ☒ Explained that seclusion may

have to be used

☐ Contacted family/significant other☐ Talked with you☐ Addressed your need: ☐ Suggested time out☐ Explained that restraints may

have to be used

☐ Contacted trusted staff☐ Suggested the Quiet Room☐ Suggested other things you could do: ☐ Offered medication☐ Other: Were your personal dignity and privacy respected while you were being secluded or restrained? ☐ Yes ☒ NoDid you feel safe while you were secluded/restrained? ☒ Yes ☐ A little ☐ NoDid being secluded or restrained help you gain control of yourself? ☒ Yes ☐ A little ☐ NoDid someone explain what you needed to do in order to get out of seclusion or have the restraints removed? ☒ Yes ☐ NoWhat could have helped prevent you from being secluded or restrained? not fighting staff & other pts.Did anything happen during the seclusion/restraint that may have frightened or injured you or made you feel uncomfortable? noStaff interviewer's signature: Jenny WilsonDate: 6/14/04

Revised 8/27/02

A-78

00174

Delaware Psychiatric Center
Seclusion or Restraint
Nursing Assessment

LEWIS, JIMMY

12/25

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MOTH AREA 5
05/21/2004

TIME INTERVENTION BEGAN: 6:15 am/pm

MELBA JEAN LEWIS

☐ SECLUSION ☒ 4 POINT RESTRAINTS ☐ 5 POINT RESTRAINTS ☐ OTHER:

Patient's name: Jimmy Lewis Unit: JEM Date: 6/6/04

PATIENT BEHAVIOR LEADING TO INTERVENTION: (CHECK all specific behaviors that apply)

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> Threatening harm | <input type="checkbox"/> Destruction of property | <input type="checkbox"/> Biting | <input type="checkbox"/> Hair pulling |
| <input checked="" type="checkbox"/> Imminent risk of harm to: | <input checked="" type="checkbox"/> Unprovoked aggression | <input checked="" type="checkbox"/> Hitting | <input type="checkbox"/> Spitting |
| <input type="checkbox"/> self <input checked="" type="checkbox"/> patients <input type="checkbox"/> staff | i.e., striking out without warning | <input type="checkbox"/> Kicking | <input type="checkbox"/> Throwing objects |
| specify: _____ | <input type="checkbox"/> Self-injurious behaviors | <input type="checkbox"/> Shoving | <input type="checkbox"/> Fire-setting |
| | specify: _____ | <input type="checkbox"/> Scratching | <input type="checkbox"/> Other: _____ |

☐ **EMERGENCY SITUATION** (less restrictive alternatives were not able to be attempted due to rapid escalation of immediately dangerous behavior) Explain: It started an argument in DR and would not accept

OR restraints. One peer moved + then he went on unit + struck peer

LESS RESTRICTIVE ALTERNATIVES UTILIZED: (CHECK all that were attempted relative to this immediate event)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Talked with the patient | <input checked="" type="checkbox"/> Set limits with the patient | <input type="checkbox"/> One-to-one observation |
| <input type="checkbox"/> Addressed patient's need | <input type="checkbox"/> Redirected the patient verbally | <input type="checkbox"/> Offered PRN medications |
| <input type="checkbox"/> Used techniques suggested by the patient | <input type="checkbox"/> Separated the patient from the area | <input type="checkbox"/> Involuntary administration of medication: _____ |
| as noted in the Advance Directive query form | <input type="checkbox"/> Verbal contract for safety | <input type="checkbox"/> Other: _____ |
| specify: _____ | <input type="checkbox"/> Voluntary quiet room/time out | |

Physiological or psychological risk factors (Determine by reviewing H&P, Psychiatric Assessment):

- ☐ Pre-existing medical conditions ☐ Physical disabilities ☐ Hx of sexual abuse ☐ Hx of physical abuse ☒ None

Physician who gave verbal order: Dr. Brundlin

Physician was notified of risk factors by: Cumulative

Patient checked for dangerous objects (i.e., belts, sharp, shoes, matches, jewelry, money, etc.): for professional use by authorized

List of objects removed (exact amt. of money): not to be duplicated

Removed by: Arstar, V. Location stored: Wsg Attendant closet

BEHAVIORAL EXPECTATION FOR TERMINATION OF INTERVENTION (Copy onto S/R Record form):

- ☒ 1. Resting quietly, either sitting or lying down for 15 minutes (specify - example 5, 10, 15 etc.)
- ☒ 2. Patient is able to discuss/interact with staff in a calm manner.
- ☒ 3. Patient is calm and able to verbalize a desire for intervention to be discontinued.
- ☒ 4. Patient is calm and able to verbalize an understanding of behavior that led to intervention
- ☒ 5. Patient is calm and able to contract for safety.

Patient was informed of behavioral expectation for discontinuation of intervention by: [Signature]

Licensed Nursing Staff: [Signature]

(Signature and title of individual who initiated intervention)

FAMILY NOTIFICATION

Name of family member: Refuse Family Notification Date: 6/6/04

Name/title of staff person: _____ Time: _____ am/pm

DATE/TIME INTERVENTION ENDED: 6/6/04 17:00 am/pm TOTAL TIME: 0 hrs 45 min.

Patient was debriefed by: [Signature] If no, explain: _____

Licensed Nursing Staff: [Signature]

(Signature and title of individual who discontinued intervention)

Unit Nursing Supervisor/Unit Director: [Signature] Date: 6/8/04 Time: 11:30 am/pm

(Signature indicates the above information has been reviewed and is accurate and complete)

Revised 8/27/02

00176

A-80

Delaware Psychiatric Center

Seclusion/Restraint Patient Feedback

Completed during debriefing of patient after the event by Licensed Nurse or Tx Team member within 24 hrs.
Original is attached to S/R paperwork and filed in patient's medical record;
Copy is forwarded to Quality Administrator - Performance Improvement Department; fax 4256)

LEWIS, JIMMY

SECLUSION OR
12/25

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HILBA JEAN LEWIS MOTH ARE
2120000

Unit's Name: Jimmy Lewis
Type of Intervention: ☐ Seclusion ☒ Restraint
Date of Intervention: 6/6/04
Time of Intervention began: 6:15 am/pm
Time Intervention ended: 7:00 am/pm

Unit: Jimmy Lewis
Date of Interview: 6/6/04
Time of Interview: 7:00 am/pm
Interviewed by: [Signature]

Why you were secluded/restrained? "Person started in argument to him (Jimmy) and would not stop when told to stop"
Were you given a chance to gain control of yourself before you were secluded or restrained? ☒ Yes ☐ No

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If yes, what did staff do for you:

- ☒ Individual attention
- ☐ Used calming interventions
- ☐ Previously suggested by you: patient
- ☐ Explained that seclusion may have to be used

- ☐ Contacted family/significant other
- ☐ Talked with you
- ☐ Addressed your need: _____
- ☐ Suggested time out
- ☐ Explained that restraints may have to be used

- ☐ Contacted trusted staff
- ☐ Suggested the Quiet Room
- ☐ Suggested other things you could do to others
- ☐ Offered medication
- ☐ Other: _____

Were your personal dignity and privacy respected while you were being secluded or restrained? ☒ Yes ☐ No

Did you feel safe while you were secluded/restrained? ☒ Yes ☐ A little ☐ No

Did being secluded or restrained help you gain control of yourself? ☒ Yes ☐ A little ☐ No

Did someone explain what you needed to do in order to get out of seclusion or have the restraints removed? ☒ Yes ☐ No

What could have helped prevent you from being secluded or restrained? stop arguing and not hit anyone

Did anything happen during the seclusion/restraint that may have frightened or injured you or made you feel uncomfortable? No

Staff interviewer's signature: [Signature]

Date: 6/6/04

Revised 8/27/02

00178

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